

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Cassidy Quartararo | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> | |
| Mailing Address 632 Cameron Court | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City Kenner | State LA | Zip Code 70065 | Transaction ID : caeb2ff8-2cf8-4e12-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">137045.74</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|---|--|---|
| Full Name of Payee Cassidy Quartararo | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> | |
| Mailing Address 632 Cameron Court | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.39</div> | |
| City Kenner | State LA | Zip Code 70065 | Transaction ID : f0f32624-b7f3-4006-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">137045.74</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">56.39</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 8
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Darius Beverly | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 157 Bishop Drive | | Amount 35.00 | |
| City Avondale | State LA | Zip Code 70094 | Transaction ID : 527eba72-83c9-482a-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------------|---|--|
| Full Name of Payee Ms. Dinah Beverly | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 157 Bishop Drive | | Amount 35.00 | |
| City Avondale | State LA | Zip Code 70064 | Transaction ID : b04fc97a-a4a4-45ae-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 70.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Ms. Dinah Beverly | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">06 / 29 / 2014</div> </div> | |
| Mailing Address 157 Bishop Drive | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">4.50</div> </div> | |
| City Avondale | State LA | Zip Code 70064 | Transaction ID : 44ad5eba-8fc7-45f6-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">37328.31</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|---|-------------|--|---|
| Full Name of Payee Lily Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">06 / 29 / 2014</div> </div> | |
| Mailing Address 205 Medallion Circle | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">30.00</div> </div> | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 80663e40-ceda-4282-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">37328.31</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">34.50</div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|-------------|---|---|
| Full Name of Payee Lily Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 8.10 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 236e0d22-db77-4546-8 Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-------------|---|---|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 60.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 0e63898e-6074-4589-b Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 68.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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07 / 01 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 8
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|--------------------|---|---|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 20.40 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 0ae84f61-5992-4534-b Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|---|---|
| Full Name of Payee Paul Rickert | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 710 St. Martins Lane | | Amount 52.50 | |
| City Bossier City | State LA | Zip Code 71111 | Transaction ID : 093b7e06-c28c-4042-b Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 72.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|---|---|--|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> | |
| Mailing Address 220 Doucet Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 1b92eb88-302a-4d60-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37328.31</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|---|--|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> | |
| Mailing Address 220 Doucet Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 1b63052b-7f9b-4984-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 29 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37328.31</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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Ms. Emily Buchanan

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|-----------------------------|---|--|
| Full Name of Payee Courtney Goldstein | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 1809 N Woodlawn | | Amount 40.00 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 9678b34d-b6ba-467d-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------------|---|--|
| Full Name of Payee Courtney Goldstein | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2014 | |
| Mailing Address 1809 N Woodlawn | | Amount 2.40 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 84dfef3a-416e-420c-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 29 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 37328.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 42.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|--------------------|---|---|
| Full Name of Payee FP1 Strategies, LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2014 | |
| Mailing Address P.O. Box 16504 | | Amount 103000.00 | |
| City Alexandria | State VA | Zip Code 22302 | Transaction ID : 72485d34-b600-4e42-a Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2014 |
| Purpose of Expenditure Ad Production | | Category/Type 004 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 137045.74 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | | Category/Type | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 103000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 103385.49 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
07 / 01 / 2014

Signature